

one, followed by a condition of paralysis which may last hours and even days; in the lower extremities there may be simple rigidity, or rhythmical oscillations of the thigh-muscles; and at other times the muscular disturbance may be so great that the patient falls down and is not able to rise again without assistance.

If the trouble arises in the facial muscles (as it does easily from cold) the patient may not be able to speak until he returns to a warm room. The reader who will refer to the review on Thomsen's disease (this JOURNAL and volume, No. 6) will recognize certain points of resemblance between the two forms of disease. The differences between the two are equally marked. The increased muscular excitability, the prolonged contractions, the wave-like contractions from anode to kathode—all these characteristics of Thomsen's disease are entirely wanting in the cases Eulenburg describes. On the other hand, he found that faradic excitability was diminished, more particularly during the stage of rigidity, and that there was a tendency to tetanic contraction following upon K. C. as well as A. C. In spite of such differences as we have referred to, Thomsen's disease and paramyotonia congenita appear to be closely allied. While it may be important to insist, on an accurate differential diagnosis (as Erb would have it), we must not forget that the pathological conditions underlying these various diseases may have much in common. Eulenburg hazards the opinion that a temporary spastic condition of the blood-vessels in the muscles (excited by cold, etc.) may furnish the solution to the present mystery.

It is worth while adding that in the family Eulenburg refers to intermarriages have occurred but twice. The disease is evidently on the wane in this family.

B. S.

MENTAL PATHOLOGY.

Visceral Lesion or Disorder and Mental Disease.—Dr. JAMES ADAMS (*British Med. Journal*, May 29, 1886) calls attention to the fact that mental alienation is often associated with disease or disordered function of the bodily organs. He observes that although it cannot be stated, with perfect certainty, that these stand to each other in the relation of cause and effect, this much may, at least, be affirmed, that bodily disease or disorder not unfrequently determines the character of delusion or the form which mental disease assumes. Thus the childless wife, past her climacteric, finds, as the effect of an epitheliomatous uterus, the pains which she fondly brings herself to believe are the long-looked and wished-for pains of labor; whilst the maniac of persecution traces, in the agonies of pain which he actually undergoes from organic visceral disease, only the cruel influences and machinations of his enemy, or the evil one, upon him.

Dr. Adams reports a case of profound melancholia of about three weeks' duration, and said to be due to "anxiety in family

matters," in which convalescence was established, apparently, through the removal from the rectum, by means of spoon-handles, of "a dense and hardened mass of scybala," and subsequent complete evacuation of the lower bowel by enemata. The patient, a woman aged fifty years, with no inherited tendency to insanity, was greatly depressed, violently resisted all efforts to control her, refused to eat or drink, requiring to be fed with the tube thrice daily; was almost constantly agitated, sleepless, incoherent, confused, and stupid. These symptoms began gradually to disappear soon after the bowels were freely emptied. Progress toward recovery was steady until, at the end of the third week, the patient was fairly convalescent and ready to be discharged.

While it may be said that the case here reported by Dr. Adam, reveals, to the experienced asylum physician, nothing of a novel character, its recital, nevertheless, is of use in serving to call attention to the important necessity of regulating the bowels in almost every case of insanity—a point too often overlooked by the family physician and friends. In fact, every asylum physician frequently receives cases in which there has been no evacuation of the bowels for days, or even weeks, and in which the exhibition of a brisk cathartic is not seldom followed by a marked amelioration of the mental symptoms. It is quite possible that failure to overcome the inactivity of the bowels, in these cases, not infrequently arises from inappreciation of the fact that, owing to blunted nerve sensibility, the insane require relatively large doses to produce a given therapeutic result, as compared with the sane.

CARLOS F. MACDONALD.

County Care of the Insane.—The Committee on Lunacy, in their report to the State Board of Public Charities, Pennsylvania, 1885, say:

"There are very few almhouse hospitals in the State where these unfortunates can receive proper care. In most of them the only attention they receive is that afforded by the steward and his wife, with such aid as the paupers of the house afford; and it is at least doubtful whether it is desirable to facilitate this rather than that the State hospitals should assume whatever provision is required for all who must have remedial treatment, as in some of the largest States is the case.

"We do not propose here to enter at length upon the question whether the insane can be treated best in State hospitals or county. Admitting it is an open question, the weight of sentiment is unquestionably in favor of State treatment at the present time. Only one State, Wisconsin, has adopted the county system, and while there are those here and there who favor the abandonment of State hospitals, such opinion is practically limited to that State. The advantages claimed are, first, nearness of patients to their friends; and second, the better individual care that can be

given to a small number of patients. As to the first, it may be said that it is quite as likely to prove a disadvantage remedially as an advantage, because the presence of their nearest kin is often a most exciting incident in some cases of insanity. There is more force in the second reason assigned ; but, in the opinion of this committee, the same end will be better attained by adopting the cottage or detached building system of construction for State hospitals, and increasing the number of medical assistants, so that one or another of them shall be familiar with the daily condition of every patient. The attainment of this is the key to the whole question. In our opinion, classification and the separate treatment of different classes are of great importance. This cannot be attained in very small institutions, while the increased medical attention claimed for them *can* be attained in the large hospitals. The latter is likely also to be better equipped, better provided with occupations and amusements, freer from pettiness, and from political management, and conducted more on a medical or remedial basis.

"One thing is sure : an almhouse, not specially designed for hospital treatment, is no place for acute insanity, and very few of our poor-districts are provided for its cure. Moreover, the retention of insane persons at the almshouses greatly increases the cost and the difficulty of inspection, and diminishes its thoroughness ; for while the visiting official can easily visit the patients in four or six State hospitals, and as many private institutions, if he had no other visitations to make, he could not so visit them in sixty county institutions, in addition to performing his other duties. So far, therefore, as the capacity of the State hospitals will allow, the committee have continued to urge the removal of the insane from the counties, and their concentration in the large institutions."

The committee, in referring to the management of the State asylums, alludes to the varying success of these establishments, which they ascribe not so much to difference in age or condition of their buildings, but rather to variance in their official *personnel*. "You cannot," they say, "secure all superintendents with the qualities of the best, nor can a superintendent, however good, obtain the necessary number of attendants all of entire fitness for the very difficult duties of their occupation."

"We would wish, nevertheless, to couple with our advocacy of the State system, insistence upon the best officering possible. Sufficient salary should be paid to superintendents to secure high talent, and it is false economy to stint too much either the number or grade of attendants, by keeping them low. The superintendent should have an ample corps of medical assistants ; and we see no reason why the custom in vogue at hospitals for the sick and wounded should not be extended to these, of receiving graduates in medicine, for the first year or two of their medical career, as residents, for the sake of practice in nervous diseases."

CARLOS F. MACDONALD.